Essential jobs, multigenerational homes: Filipino Canadians are bearing a heavy brunt of COVID-19

DAKSHANA BASCARAMURTY AND **TAVIA GRANT**

PUBLISHED APRIL 5, 2021

75 COMMENTS SHARE TEXT SIZE BOOKMARK

00:00 Voice 1x

Angela Jan Carlos holds one-year-old Emmanuel Carlos, next to her husband Greg Carlos and four-year-old Azerien Carlos. They live with the boys' paternal grandparents Alejandro Carlos and Medelina Carlos, at their home in Steinbach, Manitoba.

SHANNON VANRAES/GLOBE AND MAIL

As Greg Carlos lay in isolation in the basement bedroom of his Steinbach, Man., home, recovering from the muscle soreness, dizziness and digestive issues that had racked his body since he'd contracted COVID-19, he heard the sound he'd been dreading coming from the floor above: A loud, persistent cough. "It sounded like their lungs just wanted to give up," he recalls.

Though Mr. Carlos, a 29-year-old health care aide at a long-term care home, had taken care to isolate himself from his family as soon as he'd developed symptoms of COVID-19 in early November last year, it was already too late. His parents soon tested positive, as did his wife Angela.

They represent four of the approximately 1,900 cases of COVID-19 logged among Filipino residents from May to the end of December last year in Manitoba – the only province to track and publish race-based data for infections. Filipinos make up 7 per cent of the province's population, but accounted for 12 per cent of COVID-19 cases, making them the most overrepresented group in the province, according to data the province released in March.

Though Manitoba is the only province that can quantify the caseload for Filipinos specifically, physicians, labour unions and community advocates have said that in many parts of the country, this ethnic group has shouldered a disproportionate burden of the virus owing in part to how many take on essential jobs and live in multigenerational homes. While the collection of these data has been heralded, it may be too late into the pandemic to enact the policy changes required to correct that overrepresentation.

Perla Javate, president of the Philippine Heritage Council of Manitoba, said many Filipino immigrants arrive in Canada with foreign credentials that aren't recognized, and if requalifying means another three or four years of education but an immigrant has a family to feed, it's unaffordable. "So chances are they grab whatever job is available. And because one job is not enough, then they would have a second job and the third job – whatever it takes to be able to sustain their families."

Mr. Carlos's father, Alejandro, had raised livestock in the Philippines, so after the family arrived in Canada, he took on a job at a hog barn and another providing home care to people with disabilities. Mr. Carlos's mother, Medelina, works at a poultry plant.

Mr. Carlos and his wife had been so concerned about COVID-19 and the growing anti-mask movement in their city that they'd kept their oldest son out of preschool for the year out of fear he could be a vector for the virus. But Mr. Carlos and his parents are all essential workers, so there was no option for them to do their jobs remotely.

While Mr. Carlos blames himself for infecting his family members, it's not clear who first brought COVID-19 home. There was an outbreak at Rest Haven, the long-term care home where Mr. Carlos works, and another at the facility where his father provided home care. But there was also one at Exceldor, the poultry plant where his mother worked. Manitoba data showed that by far the most number of cases between May and September last year – 30 per cent – were in food manufacturing.

Mr. Carlos's father received isolation pay from the hog barn while he recovered at home, but his mother didn't and had to apply for the Canada Sickness Recovery Benefit. Mr. Carlos was able to collect pay from the Workers' Compensation Board of Manitoba.

The Carlos family were the lucky ones – all able to receive compensation while recovering from COVID-19. Ms. Javate said she sees all too often that Filipino immigrants across the country, especially those juggling multiple part-time jobs and who don't have paid sick leave, "don't have any protection at all to make sure that their family will survive when they stop working."

At the time of Canada's single largest outbreak last spring at the Cargill slaughterhouse in High River, Alta., numerous workers told The Globe and Mail they initially lacked access to PPE and worked at close quarters; they described pressure to keep working and were offered a $500 bonus for not missing a shift in eight straight weeks. The beef-processing plant eventually logged 938 cases and several fatalities.

Marichu Antonio, executive director at ActionDignity, an organization that supports members of many ethnocultural communities in Calgary, estimates that 70 per cent of workers at the plant are Filipino, many of whom are temporary foreign workers or immigrants who commute from Calgary.

In mid-December, a collective of community groups in Calgary, including ActionDignity, started a multilingual hotline aimed at helping families who tested positive for or had been exposed to COVID-19 in the region. Since then, they have received more than 3,000 calls – 60 per cent from Filipinos who held jobs as personal support workers, nurses and staff at warehouses, meatpacking plants and grocery stores.

According to Statistics Canada data from 2016, of the immigrant groups who worked as nurse aides, orderlies and patient service associates, 30 per cent were Filipino. Among nurses in Canada who are internationally educated, the highest portion – 34 per cent – had degrees from the Philippines, according to 2016 research from the Canadian Institute for Health Information.

Alberta, like most other provinces, doesn't collect race-based data on COVID-19 cases, but organizations such as Ms. Antonio's have been asking Alberta Health Services to start to better understand how racialized communities have been affected.

She says this type of data could also highlight problems with immigration policy, such as the precarious status of temporary foreign workers who are tied to one employer and who lack permanent status in the country.

In Ontario, the health ministry passed legislation to allow collection of race-based data by the province's 34 health units. So far, only a handful have collected and publicly reported this data – Toronto, Ottawa and Peel among them – and they have found a trend similar to the one in Manitoba: that racialized people have been grossly overrepresented in case counts.

A one-year data review of the pandemic by Statistics Canada found neighbourhoods with the highest share of racialized people had a COVID-19 mortality rate that was twice as high as areas with the lowest share. In Toronto and Peel Region, racialized people with COVID-19 were admitted to hospital at higher rates than their white counterparts.

The response to the Manitoba data should be more robust government protections for essential workers, Ms. Javate said, including updated immigration policies so Filipino immigrants don't find themselves forced into these jobs – the sorts of changes that would take a lot of time and political will to bring about, and which certainly wouldn't come fast enough to have an impact on COVID-19's third wave.

There must be "a very clear, transparent connection to action, because communities can be harmed by just collecting this data, and then nothing happens," said Andrew Pinto, a public-health specialist and family physician at St. Michael's Hospital in Toronto.

He suggested paid sick leave as a response, given the high rates of participation in essential jobs by the racialized groups who have had high rates of COVID-19. "We may start to have this information available, but … what do we do with it? And how can we ensure it's tied to actions and that we are actually narrowing the gaps between different groups?"

While the data have been released relatively late into the pandemic, Marcia Anderson, a medical officer of health in Manitoba and public-health lead of the province's First Nation Pandemic Response Coordination Team, said the information could still be useful for vaccine planning – in particular, determining what languages materials need to be translated into and where vaccine clinics should be located to be accessible to those most vulnerable.

Collecting race-based data for COVID-19 is just the start of a plan many years in the making, which will continue in other areas of health care long after the pandemic is over, Dr. Anderson explained. Disaggregating health data by race can "hold up a mirror to how health care is, or is not, serving BIPOC individuals equitably" but also allow the government to intervene and then monitor progress over time, she said.

While recovering at home, Mr. Carlos had been out of the loop on how COVID-19 had spread like wildfire through his long-term care home. On his first day back, a month later, the scale of the devastation was delivered plainly on a whiteboard listing the names of all the deceased residents. He was quickly briefed on all the residents and staff who had been infected, and who had recovered.

The impact of COVID-19 on fellow Filipinos, though, has been harder to fully grasp. There is no database of names or total cases anywhere. He's heard through friends and local media about community members who have been infected or died. But those stories haven't made Mr. Carlos rethink the line of work he is in, nor does he think it will change the fate of other community members.

"I think it's just our culture or how we grew up back home. It doesn't matter what kind of grief we're actually facing or we're about to face," he said. "We are taking the responsibility, giving all the effort – and we're just doing our job."

Our Morning Update and Evening Update newsletters are written by Globe editors, giving you a concise summary of the day's most important headlines. Sign up today.

© Copyright 2021 The Globe and Mail Inc. All rights reserved.

351 King Street East, Suite 1600, Toronto, ON Canada, M5A 0N1

Phillip Crawley, Publisher